

AUTHORIZATION TO RELEASE INFORMATION

**TO: City of Livingston
414 East Callender
Livingston, MT 59047**

I am an applicant for the position of _____ with the City of Livingston. I am required to furnish information that this agency may use in determining my qualifications for this position. I understand that a thorough background and reference check will be conducted, including a criminal records check. I hereby give my consent for the City of Livingston and its representatives to conduct these checks, and expressly authorize the release of any and all information concerning me, including information of a confidential or privileged nature. Information received will be used only for employment application purposes.

I hereby release the City of Livingston and any organization, entity, company, institution or person furnishing information to the City of Livingston from any liability for damage which may result from furnishing any information requested.

This form must be completely filled out and signed or application will be rejected.

(Applicant Signature)

(Date)

Print Full Name: _____

Present Address: _____
(Street)

(City)

(State)

(Zip)

Birth Date: _____ Social Security Number _____
Month Day Year